

IDAHO STATE DEPARTMENT OF AGRICULTURE
BONDED WAREHOUSE
2270 OLD PENITENTIARY ROAD
PO BOX 790
BOISE, ID 83701
(208) 332-8660

AMOUNT RECEIVED _____
STATE NO. _____

APPLICATION FOR PUBLIC WAREHOUSE LICENSE
RENEWAL OF PUBLIC WAREHOUSE LICENSE

The applicant, as a condition to the granting of a license, agrees to comply with and abide by the terms of Idaho Code, Title 69, Chapter 2 and rules thereunder. Upon the suspension, revocation or expiration of their Warehouse license, the licensee shall return the warehouse license and all unissued negotiable warehouse receipts to the Idaho State Department of Agriculture.

1. Business name: _____

2. Business mailing address: _____

2a. Business Phone No. _____ 2b. Fax No. _____

2c. Business mailing address in Idaho: _____

3. Idaho Phone No.: _____ 4. Idaho Fax No.: _____

5. The applicant is an: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

6. Parent company (if applicable) _____

7. Parent Co. Principal business mailing address: _____

8. Parent Co.: Phone No. _____ 9. Fax No. _____

10. Business location address in Idaho: _____

COUNTY

COUNTY

COUNTY

INDIVIDUAL

11. If individual, list name and address: _____

PARTNERSHIP

12. If partnership, list names and addresses of partners: _____

13. If this application is for an individual or a partnership, your business or firm name must be recorded with your County Recorder to comply with Section 53-501, Idaho Code.

County in which recorded: _____

CORPORATION

14. If Corporation, list names and business address of officers:

President	_____	Address	_____
VP	_____	Address	_____
Secretary	_____	Address	_____
Treasurer	_____	Address	_____
GM	_____	Address	_____
CEO	_____	Address	_____

15. If corporation, use the **true corporate name** as shown in your **ARTICLES OF INCORPORATION**.

Corporation name: _____

16. State and date corporate papers filed: _____

17. Does the applicant or any of the individuals listed currently have in effect a warehouseman's bond, certificate of deposit, irrevocable letter of credit or annuity? _____ **YES** _____ **NO**

18. Has the applicant or any of the individuals listed, previously held a warehouseman's bond, certificate of deposit, irrevocable letter of credit or annuity? _____ **YES** _____ **NO**

If answered **YES** to either of the above, has a claim been ordered collected or actually been collected against the bond, certificate of deposit, irrevocable letter of credit or annuity pursuant to Idaho Code, Title 69, Chapter 2?

_____ **YES** _____ **NO**

19. Are the commodities stored and the licensed capacity accurately reflected on the enclosed IS2? If not, please list the corrections to be made. _____ **YES** _____ **NO**

20. Your fiscal year ends: _____

21. Name and address of bank(s) that handle your business account(s).

22. **By my signature below**, I certify that I have thoroughly read and fully understand and will abide by the provisions of Chapter 2, Title 69, Idaho Code, and rules thereunder of the Idaho State Department of Agriculture. I further certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, any license issued to me may be canceled at any time for the above reasons.

Name: _____

Position: _____

Signature and Date: _____